



X-RAY FACILITY ADDRESS	X-RAY USE ONLY
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BILLABLE TO: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORKSAFEBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER:		NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)
PERSONAL HEALTH NUMBER	DOB: YYYY / MM / DD	
SURNAME OF PATIENT	FIRST NAME AND MIDDLE INITIAL	
TELEPHONE # (INCLUDE AREA CODE)	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F              PREGNANT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS	CITY/TOWN      POSTAL CODE	
		COPY RESULTS TO:

APPOINTMENT DATE	APPOINTMENT TIME
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**PERTINENT HISTORY**

PREVIOUS BONE DENSITOMETRY <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	DATE
PREVIOUS LUMBAR SPINE X-RAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	DATE

**EXAMINATION REQUESTED**

**SCREENING BONE MINERAL DENSITOMETRY (BMD)**

- Payment is the responsibility of the patient. BMD is NOT insured for:
- Routine screening of men and women less than 65 years of age
  - Part of routine screening around time of menopause
  - Investigation of chronic back pain
  - Investigation of exaggerated dorsal kyphosis

**DIAGNOSTIC BMD**

- BMD is only indicated if it is likely to alter treatment and is considered an MSP insured service for patients with moderate or higher risk of fracture, as outlined in the Osteoporosis Guideline at [www.bcguidelines.ca](http://www.bcguidelines.ca). The risk can be determined using the FRAX calculator at [www.shef.ac.uk/FRAX](http://www.shef.ac.uk/FRAX)
- Risk factors include:
- Age > 65
  - Previous fragility fractures
  - Having a parent with fractured hip
  - Current smoking
  - Rheumatoid Arthritis
  - Glucocorticoids
  - Secondary Osteoporosis
  - Alcohol consumption > 3 units/day

**Check One:**

- Moderate Risk (10 - 20% 10 year fracture risk)
- High Risk (>20% 10 year fracture risk)
- Recent Hip Fracture
- History of Fragility Fracture

**Follow-Up BMD Measurements**

There is insufficient evidence to recommend testing frequency for patients not taking OP medications. For patients on OP medications, repeat BMD exams are not justified based on current evidence and not considered medically necessary prior to **3 years** after the original measurement and only if it is likely to alter patient management.

The following exceptions may apply:

- Patients receiving  $\geq 7.5$ mg prednisone daily, or its equivalent for 3 months consecutively who require a baseline examination and repeat scans at 6 month intervals while on treatment.
- Patients in whom an early exam may be indicated: moderate and high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.

TELEPHONE REQUISITION TIME	INITIALS OF RECORDER	DATE SIGNED (YYYY / MM / DD)	SIGNATURE OF REQUESTING PHYSICIAN